U.S. Embassy Defends PEPFAR's Approach

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The President's Emergency Plan for AIDS Relief (Emergency Plan), launched just two years ago, has become an important partner to over 120 countries around the world in HIV/AIDS prevention, care, and treatment efforts. Of all those countries, South Africa rightly receives the most Emergency Plan resources – approximately 221 million dollars (more than 1.3 billion rand) for 2006 alone.

The Emergency Plan's rapid introduction of new resources has allowed the United States to support dramatic improvements in service delivery in South Africa. Unfortunately this unique program has also generated a number of misperceptions and suspicions regarding the Emergency Plan's goals and intentions. I hope to address some of these issues by restating here the program's principles and objectives.

The Emergency Plan, also known as PEPFAR, is a commitment of $15 billion over five years to support a rapid expansion of HIV/AIDS services around the world. The specific goals include supporting antiretroviral treatment for two million people, preventing seven million new infections, and providing care for ten million people infected or affected by HIV/AIDS, including orphans and vulnerable children.

Considerable progress has been made toward those goals in the last two years. Over 400,000 people have received life-saving ARVs with Emergency Plan support, including more than 40,000 South Africans. In addition, in 2005 more than 100,000 South African orphans and vulnerable children received support through the Emergency Plan, and approximately 300,000 South Africans received HIV and AIDS care services.

The numbers mentioned above are not meant to claim credit for the United States or the Emergency Plan, simply to underscore that this commitment is genuine. None of these results can be attributed to the United States Government alone. Emergency Plan-supported programs are implemented in partnership with the South African Government and more than 250 local partners. These range from small community-based organizations, to such well-known institutions as McCord Hospital in Durban, Helen Joseph Memorial Hospital in Johannesburg, the South African National Defence Forces, and the Nelson Mandela Children's Fund.

Clearly, we still have far to go in South Africa and elsewhere, and adjustments to make along the road. National governments, Emergency Plan partners, and organizations such TAC are playing a crucial role in helping to lead the way. For example, when the Emergency Plan was launched, activist organizations such as TAC pointed out that the cost of branded antiretroviral drugs was too high for most of those in need.

Using the momentum of the Emergency Plan, the United States Government quickly developed a rapid approval process for generic alternatives. The U.S. Food and Drug Administration has since approved over a dozen key generic drugs for purchase under the Emergency Plan, with more approvals anticipated in the coming months. In addition to approving generics, the U.S. recently launched a global effort to improve the supply chain for drugs, rapid test kits, and laboratory equipment. These logistical improvements will further reduce the cost of providing critical services. Does more need to happen? Absolutely, but the trends toward lower costs and increased access are encouraging.

Since its launch in 2003, the Emergency Plan has been occasionally criticized by those who believe the program reflects an ideological or religious bias. In fact, nothing could be further from the truth. Much of this criticism revolves around the requirement that one-third of Emergency Plan prevention funding support abstinence education. The U.S. firmly believes that abstinence education is an essential, science-based component of a balanced prevention

campaign. Seeking to encourage youths to delay their sexual debuts is crucial to reducing rates of infection among youths and young adults.

Abstinence education is not, however, sufficient by itself, and the United States does not advocate an abstinence-only approach to prevention. The two-thirds of Emergency Plan prevention funds that do not go to abstinence programs are supporting Be Faithful activities, condom promotion efforts, and other prevention initiatives. In short, the U.S. is steadfastly behind a balanced ABC approach to HIV/AIDS prevention.

In 2006, the United States anticipates significant expansion and improvement to services designed to benefit those infected and affected by HIV/AIDS. The United States supports sustainable programs that improve HIV/AIDS services, that promote equitable access to these services, and that strengthen the capacity of the public health system. We support initiatives that target integrated TB/HIV care, expand access to counseling and testing and improve quality pediatric ARV care. We welcome the input and analysis of our activities by TAC and any other concerned organization - only by working together and sharing our experiences, positive and negative, can we hope to tackle this pandemic.

For more information on the President's Emergency Plan for AIDS Relief in South Africa, including possible funding opportunities, please visit: http://pepfar.pretoria.usembassy.gov/